



FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of:

DEAD ON ARRIVAL & SUDDEN INFANT DEATH SYNDROME

(DOA & SIDS)

Indications

To outline the paramedic care and management of the neonatal/pediatric patient(s) found to be dead upon arrival and deemed non-resuscitatable. Evidence of death may include but not limited to:

- Pulselessness
- Apnea
- Fixed & dilated pupils
- Absence of heart tones
- Absence of lung sounds
- Major un-survivable injuries
- Rigor mortis
- Lividus / Lavidity

Reference(s)

AR 40-3
AR 40-31
DA Pam 50-6

Procedure

1. Perform a complete primary and secondary patient assessment exam.
2. Obtain a printed cardiac monitor reading in two (2) consecutive leads (*Leads I & II or Leads II & III*) regardless of primary and secondary patient assessment exam findings. These printed cardiac monitor readings shall be appropriately attached to the EMS patient report form.
3. Contact Medical Control for consult. Inform Medical Control of scene and patient assessment exam findings.
 - a. If Medical Control concurs with the determination of death, note the time and refrain from performing any cardio-resuscitation procedures.
 - b. If Medical Control **does not** concur with the determination of death, treat accordingly within the guidelines of the appropriate FLWEMS patient care protocol.
4. Do not disturb the scene as much as possible. Consider the scene to be a "crime scene" until scene control has been relinquished to the appropriate law enforcement/coroner agency.
5. Assist the appropriate law enforcement/coroner agency as needed.
6. If requested to do so by the appropriate law enforcement/coroner agency, transport the deceased to an appropriate location. If transported to GLWACH, notify Patient Administration Division (PAD) upon arrival.
7. Tactfully explain the situation to family members and attempt to assist in their needs associated with the incident.
8. Immediately initiate the notification of the Emergency Department/Division of Primary Care & Community Medicine chain-of-command.

Chain-of-Command: Supervisory Paramedic (Phone: 6-2156)
Chief, Emergency Medicine (Phone: 6-0456)
Chief, Division of Primary Care & Community Medicine (Phone: 6-0462)
9. Contact Supervisory Paramedic within four (4) hours of "call received" time.
10. Contact Medical Control for further orders as needed.

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CAIRA Considerations

None

Triage Considerations

1. In the event of a MASS CAL incident, DOA's should be "black-tagged" and made to be a lower priority than that of viable patients.
2. General Leonard Wood Army Community Hospital (GLWACH) Patient Administration Division (PAD) must be contacted for accountability and tracking of these bodies.

Documentation

1. Documentation shall be done S.O.A.P. format. Documentation shall include any subjective information reported to the FLWEMS team by family members, bystanders or other emergency responders.
2. Documentation that clearly illustrates the findings (signs & symptoms) that was used to determine the patient's death must also be completed.
3. All physical exam (to include benign or non-pertinent negative) findings must be thoroughly documented.
4. Documentation shall be done objectively and in a manner that does not suggest a specific cause of death or manner in which the death occurred.
5. Other additional documentation shall include:
 - a. Medical Control (by name)
 - b. Time that Medical Control was contacted
 - c. Time that death was determined
 - d. Any known past medical, surgical or psychiatric history
 - a. Any known prescription or over the counter medications/supplement taken
 - b. Any known drug or dietary allergies

END OF SOP - NOTHING FOLLOWS